

## Music SUMMER 2023 Program Registration

We are pleased to be able to offer Music & Art programs for the Summer of 2023! Thank you for considering our programs for your child's recreation and development! There are a wide range of art, music education and music therapy programs for ages 0-18 years.

Our programs continue to be flexible in response to the ongoing pandemic and accommodate appropriate safety protocols as outlined by the Ministry of Health and Holland Bloorview Kids Rehabilitation Hospital. Please review the following details carefully to learn what is being implemented for client safety.

**PLEASE NOTE:** For Summer 2023, we are only able to offer 1:1 Adapted Music Education or Music Therapy at a very limited capacity. Availability for 30 min lessons is limited to Tuesdays or Thursdays 3:00-8:00. The availability for this season is as follows:

Jacob: Tuesdays and Thursdays, 3:00-8:00

Jack: Tuesdays, 3:00-8:00

### Notes:

1. The program may be cancelled or moved to virtual programming at any time due to circumstances surrounding the Covid-19 pandemic.
2. Payment will be processed at the time of confirmation. Full refunds will only be permitted 2 weeks before the start of programs. Please see cancellation policy.
3. Groups will not exceed a maximum number of clients depending on support needs. If group programs do not receive the minimum amount of enrollment, the program may not be able to run. Groups will be confirmed at the end of the registration period. See dates below.
4. Registration is for clients up to 18 years old. Clients 19-21 years old are able to apply and will be considered based on availability. Please note: most art programs are designed for clients up to 21. Clients 0-4 are eligible for music programs.
5. Clients will be required to go through a screening process each day upon arrival.
6. Holland Bloorview staff & volunteers will be donning personal protective equipment, as appropriate, including level three masks
7. Holland Bloorview staff & volunteers will provide client care support. 1:1 support is not offered for group programs. If your child requires 1:1 support, families will need to provide staffing for their child's participation. 1:1 volunteers are available to support clients but have limited responsibilities of care. A meet and greet may be arranged to assess if Family-Provided Support is needed for the client. Please see guidelines and policies.
8. Staff cannot administer scheduled medication during the time of programs. Some ability to administer emergency medications, specifically EpiPens or VNS magnets, if required.
9. Staff will have limited ability to assist in toileting needs. If your child is likely to need to have toileting needs, caregivers may need to remain on-site.
10. Schedules for music programs are subject to change from season to season.

### Eligibility Checklist (please complete checklist to confirm eligibility):

- ☐ Registrant is 0-18 years old with special needs. Client 19-21 are welcome to apply, but it is understood that acceptance will be considered based on availability or program age allowances. Please note age ranges in Program Selections.
- ☐ Registrant is able to participate in programs without 1:1 support. If the registrant requires 1:1 support, families will review the Family-Provided Support document to provide adequate support for registrant.
- ☐ Registrant has the desire to participate in Music and Arts programming. They are personally interested in music and arts with a willingness to participate in these programs.

Registrant (Child) Name (please print: last, first): \_\_\_\_\_

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Form #: \_\_\_\_\_

Section A Registrant (Child) Information*			
First name:		Last name:	
Age:	Gender/Pronouns:	Birthdate (dd-mm-yyyy):	Healthcard #:
Family Physician Name and Phone #:			
First time applying?: <input type="checkbox"/> YES <input type="checkbox"/> NO			

Section B Family Contact Information*		
(1) Parent / Guardian name:		
Mailing address:		E-mail address:
City:	Province:	Postal code:
Home phone:	Work phone:	Cell phone:

(2) Parent / Guardian name:		
Mailing address (if different):		E-mail address:
City:	Province:	Postal code:
Home phone:	Work phone:	Cell phone:

(3) Emergency contact name:		
Home phone:	Work phone:	Cell phone:

Section C Allergies and Medication*
Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe (type & symptoms):
What is the treatment for an allergic reaction?
My child: will have an EpiPen with them in the program <input type="checkbox"/> YES <input type="checkbox"/> NO
**will be taking medication while in the program <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe medication:

*\*\* Please note, staff have limited or potentially no ability to give medication. Some ability to administer emergency medication, specifically EpiPen or VNS magnet, is available, if required. If your child needs scheduled or potentially emergency medication during programs, caregivers may need to remain on site.*

Registrant (Child) Name (please print: last, first): \_\_\_\_\_

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Form #: \_\_\_\_\_

## Section D Special Needs Information\*

→ **Diagnosis or Special Need(s):**

**(1) Mobility:** Is your child at risk of falling? (e.g. fallen in the last three months as a result of diagnosis) ☐ YES ☐ NO

My child uses: ☐ support when walking ☐ a walker wheelchair: ☐ manual ☐ electric/power  
☐ hand-over-hand assistance ☐ splints/orthotics – if YES, when?

My child requires an assistive device for lifts and transfers (e.g. Hoyer lift, sling, etc.) ☐ YES ☐ NO

**(2) Toileting:** \*Does your child need assistance with toileting? ☐ YES ☐ NO Child's weight: \_\_\_\_\_ lb / \_\_\_\_\_ kg

If YES, specify toileting routine details (send slings and personal care items with your child):

*\*Please Note: Staff will have limited ability to assist in toileting needs. If your child is likely to have toileting needs, caregivers may need to remain on-site.*

**(3) Communication:** Does your child need assistance communicating? ☐ YES ☐ NO

My child communicates: ☐ verbally ☐ with gestures ☐ with sign language:  
☐ with pictures ☐ with an assistive device/book:

My child indicates: "Yes" by (please describe):

(Please send all communication aids with your child) "No" by (please describe):

**(4) Behaviour/Coping Patterns:** While in a program, could your child:

Frequency:

☐ YES ☐ NO Get overwhelmed by loud/sudden noises?

☐ Hourly ☐ Daily ☐ Weekly ☐ Rarely

☐ YES ☐ NO Get overwhelmed by large groups of people?

☐ Hourly ☐ Daily ☐ Weekly ☐ Rarely

☐ YES ☐ NO Try to run away or leave the group/activity?

☐ Hourly ☐ Daily ☐ Weekly ☐ Rarely

☐ YES ☐ NO Harm themselves?

☐ Hourly ☐ Daily ☐ Weekly ☐ Rarely

☐ YES ☐ NO Harm others?

☐ Hourly ☐ Daily ☐ Weekly ☐ Rarely

☐ YES ☐ NO Participate without support?

☐ Hourly ☐ Daily ☐ Weekly ☐ Rarely

☐ YES ☐ NO Put non-food items in mouth that could be a choking hazard? (e.g., clay, paint, small objects, fabric etc.)

☐ Hourly ☐ Daily ☐ Weekly ☐ Rarely

Registrant (Child) Name (please print: last, first): \_\_\_\_\_

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Form #: \_\_\_\_\_

Please briefly describe any triggers of your child's behavior and what we can do to help:

Have there been any recent and major changes in your child's life? If YES, please describe:

What types of activities does your child like doing?

### **Section E      Seizures, Pain Management and Special Considerations**

**(1) Seizures:** Does your child experience seizures? ☐ YES ☐ NO    Date of last seizure (dd-mm-yyyy):

What does a seizure look like (type, frequency, triggers, etc.)?

Will your child have seizure medication with them in the program? ☐ YES ☐ NO

Does your child have a Vagal Nerve Stimulator (VNS)? ☐ YES ☐ NO

**(2) Pain:** How will your child let us know they are experiencing pain?

How can we help to alleviate this pain?

### **(3) Other Considerations**

My child uses/requires: ☐ G-tube feed    ☐ helmet    ☐ catheter  
☐ tip suctioning    ☐ deep suctioning    ☐ physical restraints (e.g.: elbow splints, mitts)  
☐ other (please describe):

## Section F Program Selection

### MUSIC Programs

For more information visit:

<https://hollandbloorview.ca/services/programs-services/music>

Dates will vary from program to program, within these periods which include the make-up (MU) date:

**SUMMER:** July 7- August 25 (6 weeks) (make-up session scheduled Aug 26-Sept 1 as needed) Please note: there are no sessions Aug 5-7 for the Civic Holiday

**PLEASE NOTE:** For Summer 2023, we are only able to offer 1:1 Adapted Music Education or Music Therapy at a very limited capacity. Availability for 30 min lessons is limited to Tuesdays or Thursdays 3:00-8:00. The availability for this season is as follows:

**Jacob:** Tuesdays and Thursdays, 3:00-8:00

**Jack:** Tuesdays, 3:00-8:00

#### Cancellations

One-to-one music lessons and therapy sessions require 24-hour cancellation notice to reschedule, otherwise the session is forfeit. The sessions must be completed within one seasonal block and cannot be carried over to a new season. At the beginning of a season, your instructor or therapist will talk to you about the one make-up session available each season. Virtual sessions will be available if client cannot make a session.

Ages	Program name	Time/Day	Costs
			Summer
0-18	1:1 Music Therapy	30 mins, see below	<input type="checkbox"/> \$360
4 – 18	1:1 Adapted Music Education	30 mins, see below	<input type="checkbox"/> \$260

#### Individual (1:1) Music Therapy and Education

During each season, your child will come to individual programs once per week for 30 minutes.

Current therapist/teacher:

Preferred instrument:

Preferred Day/Times: Tuesday or Thursday 3:00-8:00pm

example: Thursday @ 4-4:30pm

1<sup>st</sup> choice:

2<sup>nd</sup> choice:

3<sup>rd</sup> choice:

#### Virtual Programming (1:1 Classes Only)

In the event that a session is unable to be run in-person, we may be able to offer classes online for video conferencing (eg: Zoom) to enable participation in the program for your child and/or others. Do you consent to be part of the virtual group for your program of choice?

► ☐ YES ☐ NO ☐ I AM UNABLE TO CONNECT VIRTUALLY

Registrant (Child) Name (please print: last, first): \_\_\_\_\_

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Form #: \_\_\_\_\_

## Section G Payment Information

**Select a payment method in order for your registration form to be processed.** Payment may be made by cash, cheque, credit card or funding/financial assistance. Please tell us below if you would like to pay in smaller payments.

TOTAL AMOUNT: \_\_\_\_\_

**I would like to pay by:**

- ☐ 1. Funding - I have applied for funding from Holland Bloorview
- ☐ 2. Funding - I have applied for other funding
- ☐ 3. Cheque # \_\_\_\_\_ Cheque date \_\_\_\_\_
- ☐ 4. Cash \$ amount \_\_\_\_\_

Contact the **Family Support Fund** to learn about financial assistance for your child's enrollment or Support Staff  
416-425-6220 Ext. 6303  
fsfdoc@hollandbloorview.ca

5. Credit Card: ☐ Mastercard ☐ VISA ☐ AMEX

Credit card # \_\_\_\_\_ Expiry date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on the card \_\_\_\_\_

Signature \_\_\_\_\_

☐ I consent for Holland Bloorview to file payment information for this season and understand that payment will only be stored for 2023 Summer programs. I understand I will need to provide payment information for each seasonal application and that once payment has been processed, my payment information will be taken off file and destroyed.

☐ I do not consent for payment information to be provided with this application or kept on file and would like to be contacted via phone at the time of payment to provide credit card details.

## Section I What happens next?

Submit your form using the information on the right. You will receive a confirmation and receipt in the mail, or a phone call if more information or if Participant Screening Visit is required.

- Confirmations of program enrollment and support will be sent by June 17
- Payments will be processed no later than the first day of programs.
- **If you are applying for funding, please apply for funding as soon as possible. Visit the website for more details:**  
<https://hollandbloorview.ca/our-services/family-workshops-resources/holland-bloorview-family-support-fund>

**Please send your form to:**  
Holland Bloorview Kids Rehabilitation Hospital  
c/o Music and Arts  
150 Kilgour Rd.  
Toronto, ON M4G 1R8  
  
Fax: (416) 753-6013